

**Animal Clinic of Spokane
Anesthesia Authorization Form**

Owner's Name: _____ Pet's Name: _____
Daytime Phone Number: _____
Procedure: _____
Medication: _____ Last Time Received: _____

Your pet has been admitted for an anesthetic procedure today. Please be assured that the doctors and staff at the Animal Clinic of Spokane will use the safest anesthetics available, however, regardless of an animal's age or apparent health status, all anesthetic procedures have an element of risk. These risks while rare, can be serious and fatal.

I hereby consent and authorize surgery on my pet employing the use of anesthetic agents as may be considered necessary. I further understand that not all risk factors are evident upon physical exam and that routine pre-anesthetic blood testing is recommended for all patients. If my animal is over 7 years of age, it is required.

Pre- Anesthetic Blood Screen:

A pre-anesthetic blood screen can be performed the day of anesthesia that could help decrease the risk of anesthetic complications. This test will show liver and kidney functions as well as any evidence of anemia and allow for extra precautions to be taken.

_____ YES, I want my pet to receive the pre-anesthetic blood screen for an additional charge
_____ NO, I decline the pre-anesthetic blood screen

(If your pet is over 7 years of age this is required)

Microchip:

This is a permanent identification number registered with HomeAgain, assigned to your pet.

_____ YES, I want my pet to receive a Microchip for an additional charge
_____ NO, I decline a Microchip

**** To provide the highest quality of care all of our surgical patients go home with pain medication ****

Resuscitation:

In the event that your pet's condition declines, cardiopulmonary resuscitation (CPR) can be administered. This decision to perform CPR will be based on the medical judgment of the veterinarians at Animal Clinic of Spokane. Additionally, I understand the staff will attempt to contact me as soon as possible if such need arises.

_____ YES, I request CPR on my pet if required for an additional charge
_____ NO, I decline resuscitation efforts

Owner's Consent:

I have read and fully understand this consent form. I understand I should not sign this form if all items, including my questions, have not been explained or answered to my satisfaction, or if I do not understand the terms or wording contained in this consent form.

Signature: _____ Date: _____